



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Masao AKAIWA et al.

Serial No: 10/747,880

Confirmation No.: 2792

Filed: December 29, 2003

For: Tape Printing Apparatus and Tape Cartridge

Art Unit: 2854

Examiner: Ferguson, Marissa L.

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450, on

February 3, 2005

Date of Deposit

Joyce Hegeman

Name

Signature

February 3, 2005

Date

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted in the application are the following items.

Response To Restriction Requirement  
 Return postcard

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	21	-	21	**	0 LG=\$50 SM=\$25	\$ [FEE]
INDEPENDENT CLAIMS FEE	6	-	6	***	0 LG=\$200 SM=\$100	\$ [FEE]
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$ [FEE]
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)					\$250 FOR EACH ADDITIONAL 50 SHEETS	\$ [FEE]
					<b>TOTAL</b>	<b>\$ 0</b>

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

A check in the amount of \$ 0 to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**

A check in the amount of \$ 0 to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**

The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**

Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
HOGAN & HARTSON L.L.P.

By:

Troy M. Schmelzer

Registration No. 36,667

Attorney for Applicant(s)

Date: February 3, 2005

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Patent Application No. 10/747,880  
Attorney Docket No. 81752.0150

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Name \_\_\_\_\_  
Signature \_\_\_\_\_ Date  
February 3, 2005

**RESPONSE TO RESTRICTION REQUIREMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

This is in response to the office action mailed January 18, 2005, setting forth a restriction requirement. Applicants elect the invention of Group I, claims 1-12, drawn to a tape printing apparatus.

Any fees due in connection with this response, may be charged to our Deposit Account No. 50-1314.

Respectfully submitted,

HOGAN & HARTSON L.L.P.

By: \_\_\_\_\_

Troy M. Schmelzer  
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